


This document is provided to assist testers familiar with the City of Columbus Backflow Prevention Assembly Test Report in transitioning to use of the City's newly implemented on-line test submittal software. Refer to City of Columbus Submittal Instructions for On-line Software, on-line at www.columbus.gov/backflow/testers for detailed instructions regarding use of the new software.

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How to use this document

The City of Columbus, Division of Water *Backflow Prevention Assembly Test Report* consists of eight sections as shown in Figure 1. Each section in Figure 1 has been highlighted and given a letter from A-H.

Figure 1

 BACKFLOW PREVENTION ASSEMBLY TEST REPORT <small>FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED</small>												
Please return to: MAIL: City of Columbus, Division of Water Backflow Compliance 918 Dublin Road (Building 918) Columbus, Ohio 43215-9052												
Customer and Property Information – Please Print												
PROPERTY ADDRESS: _____						Zip _____						
BUSINESS NAME _____ A												
CONTACT PERSON: _____				PHONE# _____				FAX# _____				
Device Information – Please Print												
NEW INSTALLATION <input type="checkbox"/> EXISTING <input type="checkbox"/> or REPLACEMENT <input type="checkbox"/> OLD ASSEMBLY SERIAL NUMBER: _____												
TYPE OF ASSEMBLY (CIRCLE ONE) AIR GAP RP DC PVB OTHER (SPECIFY) _____ B												
MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____												
What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____												
Describe location of assembly: _____												
Double Check Assembly				Reduced Pressure Assembly				Pressure Vacuum Breaker				
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2 nd Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>						
C				D				E				
Repairs & Materials Used												
Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Air Inlet Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	1 st Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Relief Valve Opening Point	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Check Valve	_____psig	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
	2 nd Check Valve	_____psid	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	2 nd Check Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>					
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>						
AIR GAP DETECTION: Required Air Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> F												
Does the assembly meet proper piping installation requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>												
Assembly PASSED(____) FAILED(____) * NO ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS												
COMMENTS: _____ G												
Certified Tester Information – Please Print I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.												
Tester's Name (PRINTED): _____						Cert. #: _____						
Test Equipment:		Make: _____		Model _____		H		SN# _____		Cal. Date _____		
Tester's CO. Name: _____						PH#: _____						
Tester's Signature: _____						Date: _____						


Figures 2-6 show the various sections enlarged. Each line or check box that requires input from the tester is numbered. Generally speaking, the same information on the paper form

will be entered into the electronic forms. The specific line number is a combination of the section letter and the line number. So for example, the PROPERTY ADDRESS shown in Figure 2

is Line A1. The device SERIAL NO. is Line B8. These line numbers will be referenced later in these instructions for filling out the web-based forms.

Figure 2

Cross-Reference Key – Customer and Property Information; Device Information



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Please return to:
**MAIL: City of Columbus, Division of Water
Backflow Compliance
918 Dublin Road (Building 918)
Columbus, Ohio 43215-9052**

Customer and Property Information – Please Print

PROPERTY ADDRESS: _____ Zip _____

BUSINESS NAME _____

CONTACT PERSON: _____ PHONE# _____ FAX# _____

Device Information – Please Print

☐ **1** NEW INSTALLATION
☐ **2** EXISTING or
☐ **2** REPLACEMENT
OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE)
AIR GAP RP DC PVB OTHER (SPECIFY) _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SIZE: _____ SERIAL NO.: _____

What hazard is being isolated? (i.e. boiler, irrigation, complete building): _____

Describe location of assembly: _____

Figure 3
Cross-Reference Key – Double Check Assembly

What hazard is being isolated? (i.e. boiler, irrigation, comp)

Describe location of assembly:

Double Check Assembly			
C Initial Test	Outlet Valve	Pass <input type="checkbox"/> 1	Fail <input type="checkbox"/>
	1 st Check Valve	2a psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 2b
	2 nd Check Valve	3a psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 3b
Repairs & Materials Used	4		
Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/> 5	Fail <input type="checkbox"/>
	1 st Check Valve	6a psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 6b
	2 nd Check Valve	7a psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 7b
Does the assembly meet proper piping installation require			
Assembly PASSED() FAILED()			

Figure 4
Cross-Reference Key – Reduced Pressure Assembly

on, complete building):

D Reduced Pressure Assembly				Pre
<input type="checkbox"/>	1 st Check Valve	<u>1a</u> psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 1b	
<input type="checkbox"/>	Relief Valve Opening Point	<u>2a</u> psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 2b	C
<input type="checkbox"/>	2 nd Check Valve	Pass <input type="checkbox"/> 3	Fail <input type="checkbox"/>	
	Outlet Valve	Pass <input type="checkbox"/> 4	Fail <input type="checkbox"/>	
5				
<input type="checkbox"/>	1 st Check Valve	<u>6a</u> psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 6b	
<input type="checkbox"/>	Relief Valve Opening Point	<u>7a</u> psid	Pass <input type="checkbox"/> Fail <input type="checkbox"/> 7b	C
<input type="checkbox"/>	2 nd Check Valve	Pass <input type="checkbox"/> 8	Fail <input type="checkbox"/>	
	Outlet Valve	Pass <input type="checkbox"/> 9	Fail <input type="checkbox"/>	

requirements: YES ☐ NO ☐

() * NOTE. ALL REPAIRS MUST BE COMPLETE

Figure 5

Cross-Reference Key – Pressure Vacuum Breaker; Air Gap Inspection

E			
Pressure Vacuum Breaker			
<input type="checkbox"/> <input type="checkbox"/>	Air Inlet Valve	1a _____ psig	Pass <input type="checkbox"/> Fail 1b <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Check Valve	2a _____ psig	Pass <input type="checkbox"/> Fail 2b <input type="checkbox"/>
<input type="checkbox"/>	3		
<input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>	Air Inlet Valve	4a _____ psig	Pass <input type="checkbox"/> Fail 4b <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Check Valve	5a _____ psig	Pass <input type="checkbox"/> Fail 5b <input type="checkbox"/>
<input type="checkbox"/>	F AIR GAP INSPECTION: F Required Air Gap Separation Provided? Yes <input type="checkbox"/> 1 No <input type="checkbox"/>		

Figure 6
Cross-Reference Key – Assembly Status; Certified Tester Information

Does the assembly meet proper pinning installation requirements?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	1
Assembly PASSED(2a) FAILED(2b)		* NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS		
COMMENTS: _____		3	G	

<u><i>Certified Tester Information – Please Print</i></u>					H
<i>I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.</i>					2
Tester's Name (PRINTED): _____		Cert. #: _____			1
Test Equipment:	Make: _____	Model _____	SN# _____	Cal. Date _____	3
Tester's CO. Name: _____		PH#: _____			4
Tester's Signature: _____		Date: _____			5
					6
					7
					8
					9
					10

Using the On-Line Application

Refer to the Backflow Assembly Testing, City of Columbus Submittal Instructions on the Columbus web site, at www.columbus.gov/backflow/testers for

detailed instructions on use of the software, including log in instructions. The following screen-captures from the software show what information is required and where

that information previously would have been recorded on the old forms. The same information entered on the old forms is required when filling out the on-line forms.

Figure 7
Device Profile Search

The screenshot shows the 'Device Profile Search' interface. At the top left is the City of Columbus logo with the text 'THE CITY OF COLUMBUS' and 'MICHAEL B. COLEMAN, MAYOR'. Below this is 'DEPARTMENT OF PUBLIC UTILITIES'. To the right are navigation buttons: 'Main', 'Add Test', 'Review Tests', 'View Cart', and 'Logout'. In the top right corner, it says 'version 2.0.15'. A message states 'George Meyers is logged in with George Meyers Test Company'. A yellow information box contains instructions: 'Owners may have multiple devices. For annual tests required by code verify the serial number on the device matches the number on the notice sent to the customer. Search on line for the device by entering the serial number and building number only (no street name) in the spaces provided. If multiple addresses share a meter, search using the address on the notice. The Hazard # field is not used. Call us at (614) 645-6674 if no device is found when you select the "Locate Device" button.' The search form has a title 'Device Profile Search'. It includes a legend '* Indicates Required Field'. There are three input fields: '* Serial Number' with the placeholder 'From device or Test Report line B8' (highlighted with a yellow box), '* House/Building Number' with the placeholder 'Number only, from Test Report line A1' (highlighted with a red box), and '* Hazard #' which is empty. Below these fields is the word 'OR'. At the bottom right are two buttons: a green 'Locate Device' button and a blue 'Clear Form' link.

THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR
DEPARTMENT OF
PUBLIC UTILITIES

[Main](#) [Add Test](#) [Review Tests](#) [View Cart](#) [Logout](#)

version
2.0.15

George Meyers is logged in with George Meyers Test Company

Owners may have multiple devices. For annual tests required by code verify the serial number on the device matches the number on the notice sent to the customer. Search on line for the device by entering the serial number and building number only (no street name) in the spaces provided. If multiple addresses share a meter, search using the address on the notice. The Hazard # field is not used. Call us at (614) 645-6674 if no device is found when you select the "Locate Device" button.

Device Profile Search

* Indicates Required Field

* Serial Number

* House/Building Number

OR

*Hazard #

or [Clear Form](#)

Figure 8
Verify Site Profile

THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

DEPARTMENT OF
PUBLIC UTILITIES

[Main](#) [Add Test](#) [Review Tests](#) [View Cart](#) [Logout](#)

version 2.0.15

George Meyers is logged in with George Meyers Test Company

If the information below is complete and accurate, check "This is Correct." If information is missing or inaccurate, check "Make Changes." Use the decimal system for Size (0.50=1/2"; 0.75=3/4"; etc). If you are replacing the backflow preventer, check "Replace Device" and enter Serial Number, Manufacturer, Model, Type, and Size for the replacement device. Once all information is confirmed or corrected click on the "Confirm and Enter Results" button.

Verify Site Profile

☒ This is Correct ☐ Make Changes

Last Test Date: 3/3/2015 12:00:00 AM

☒ Existing Device ☐ Replace Device

Address910 DUBLIN RD UNIT BTest Report line A1

CustomerDIVISION OF WATERTest Report line A3

Location940 DUBLIN RDTTest Report line B10

HazardSoftenerTest Report line B9

Meter NumberVACATIONModel009M3QTTTest Report line B6

Serial Number242516Test Report line B8TypeRPTTest Report line B4

ManufacturerWATTSTest Report line B5Size0.75Test Report line B7

Confirm and Enter Results or [Cancel](#)

Figure 9
Test Data Entry, Device Type DC/DCDA

*** Please enter the date using the pop-up calendar **** Please enter the test results in "Initial Test." **** If repairs are made, type the details in the "Comments" section **** Enter the "Final Test" results ONLY AFTER REPAIRS. **** If no repairs are made, skip this section. **** Select the test kit that was used (if applicable). **** Check the box at the bottom and "Save Test Data" **** Questions? 866-777-2124.

Test Data Entry

Serial Number: 1302351103 **Device Type: DCDA** Address: 1000 N HAGUE AVE - METER PIT NORTH SIDE OF DRIVEWAY

Initial Test		Check Valve #1	Check Valve #2
<input type="radio"/> Pass <input type="radio"/> Fail Date: <input type="text"/> Test Report line H10 <small>Please input in MM/DD/YYYY format.</small>	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> C2a SID	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> C3a PSID	

Test Report line G2a/G2b

Repaired ☐ Cleaned ☐ Rubber Kit ☐ Rebuild

Date: **Test Report line H10**

Comments: **Test Report line C4**

Final Test		Check Valve #1	Check Valve #2
Pass <input type="checkbox"/> Date: <input type="text"/> Test Report line H10	Closed Tight <input type="checkbox"/> Held at <input type="text"/> C6a SID	Closed Tight <input type="checkbox"/> Held at <input type="text"/> C7a PSID	

Test Report line G1

Details

Proper Install	#2 Shutoff	Service Restored	Held Backpressure	Line PSI	Meter Reading
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Test Kit **Test Report line C5 or C1**

Comments **Test Report line G3**

Test Report H3-H6

Save Test Data or [Cancel](#)

125%

Figure 10
Test Data Entry, Device Type RP/RPDA

*** Please enter the date using the pop-up calendar **** Please enter the test results in "Initial Test." **** If repairs are made, type the details in the "Comments" section **** Enter the "Final Test" results ONLY AFTER REPAIRS. **** If no repairs are made, skip this section. **** Select the test kit that was used (if applicable). **** Check the box at the bottom and "Save Test Data" **** Questions? 866-777-2124.

Test Data Entry

Serial Number: 103406 **Device Type:** RP **Address:** 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test		Check Valve #1	Check Valve #2	Relief Valve
<input type="radio"/> Pass <input type="radio"/> Fail Date: <input type="text"/> Please input in MM/DD/YYYY format.	<input type="radio"/> Leaked <input type="text"/> <input type="radio"/> Closed Tight Held at <input type="text"/> SID	<input type="radio"/> Leaked <input type="text"/> <input type="radio"/> Closed Tight Held at <input type="text"/> PSID	<input type="checkbox"/> Did not Open <input type="text"/> Opened at <input type="text"/> PSID	

Repaired ☐ **Enter Repair Details for Specific Assemblies Below**

Date: ☐ Cleaned ☐ Rubber Kit ☐ Rebuild

Final Test		Check Valve #1	Check Valve #2	Relief Valve
Pass <input type="checkbox"/> Date: <input type="text"/>	Closed Tight <input type="checkbox"/> Held at <input type="text"/> ID	Closed Tight <input type="checkbox"/> Held at <input type="text"/> PSID	<input type="checkbox"/> Opened at <input type="text"/> PSID	

Details

Proper Install <input type="radio"/> Yes <input type="radio"/> No	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight	Service Restored <input type="radio"/> Yes <input type="radio"/> No	RV Exercised <input type="radio"/> Yes <input type="radio"/> No	Held Backpressure <input type="radio"/> Yes <input type="radio"/> No	Line PSI <input type="text"/>
					Meter Reading <input type="text"/>

Test Kit **Comments**

or [Cancel](#)

Figure 11
Test Data Entry, Device Type PVB/SVB

*** Please enter the date using the pop-up calendar *** Please enter the test results in "Initial Test." **** If repairs are made, type the details in the "Comments" section **** Enter the "Final Test" results ONLY AFTER REPAIRS. **** If no repairs are made, skip this section. **** Select the test kit that was used (if applicable). **** Check the box at the bottom and "Save Test Data" **** Questions? 866-777-2124.

Test Data Entry

Serial Number: 103466 Device Type: PVB Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test

☐ Pass ☐ Fail

Date: Test Report line H10

Please input in MM/DD/YYYY format.

PVB/SVB

Air Inlet ☐ Did Not Open ☐ Opened at E1a ID ☐ Opened Fully

Check Valve ☐ Leaked ☐ Held at E2a ID

Test Report line G2a/G2b

Test Report line E1b

Test Report line E2b

Repaired

Date: Test Report line H10

☐ Cleaned ☐ Rubber Kit ☐ Rebuild

Comments: Test Report line E3

Final Test

Pass ☐

Date: Test Report line H10

PVB/SVB

Air Inlet ☐ Opened Fully ☐ Opened at E4a ID ☐ Held at E5a ID

Test Report line E4b

Details

Proper Install	#2 Shutoff	Service Restored	Held Backpressure	Line PSI
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Leaked <input type="radio"/> Closed Tight	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Meter Reading

Test Kit 6

Comments Test Report line G3

Test Report line G1

Test Report H3-H6

Save Test Data or Cancel

100%

Figure 12
Test Data Entry, Air Gap Inspection

Test Data Entry

Serial Number: 111111100 **Device Type:** AIRGAP **Address:** 1100 DUBLIN RD - ABOVE 3 COMPARTMENT SINK

Air Gap Supply Diameter Separation

Initial Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<input type="radio"/> Pass <input type="radio"/> Fail Date <input type="text"/> Please input in MM/DD/YYYY format.	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> PSID	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> PSID	<input type="checkbox"/> Did not Open <input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened at <input type="text"/> PSID <input type="checkbox"/> Opened Fully	<input type="checkbox"/> Air Inlet <input type="checkbox"/> Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Held at <input type="text"/> PSID

Test Report line F1
Test Report line H10

Repaired	Enter Repair Details for Specific Assemblies Below				
Date <input type="text"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild	Comments: <input type="text"/>				

Final Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<input type="checkbox"/> Pass Date <input type="text"/>	<input type="checkbox"/> Closed Tight Held at <input type="text"/> PSID	<input type="checkbox"/> Closed Tight Held at <input type="text"/> PSID	<input type="checkbox"/> Opened at <input type="text"/> PSID	<input type="checkbox"/> Air Inlet <input type="checkbox"/> Check Valve <input type="checkbox"/> Opened Fully <input type="checkbox"/> Opened at <input type="text"/> PSID <input type="checkbox"/> Held at <input type="text"/> PSID

Details					
Proper Install <input type="radio"/> Yes <input type="radio"/> No	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight	Service Restored <input type="radio"/> Yes <input type="radio"/> No	RV Exercised <input type="radio"/> Yes <input type="radio"/> No	Held Backpressure <input type="radio"/> Yes <input type="radio"/> No	Line PSI <input type="text"/> Meter Reading <input type="text"/>

Test Kit	Comments
12345678	Test Report line G3

☐ * I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.
☐ * I certify that all information entered in this report is true and accurate.
☐ * I certify that the equipment used for this test was calibrated within 12 months of the test.
☐ * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

or [Cancel](#)